

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spigton</i> <small>Town</small>		<i>Falbat</i> <small>County</small>			
Date of death <i>1908</i>	Month <i>11.</i>	Day <i>27</i>	Years <i>41</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wye Mills Md</i>		
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Spigton</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Allen</i>			
Father's Name <i>Jos. T. Mackabu</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Susan A. Downes</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Lucy Dawkins</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

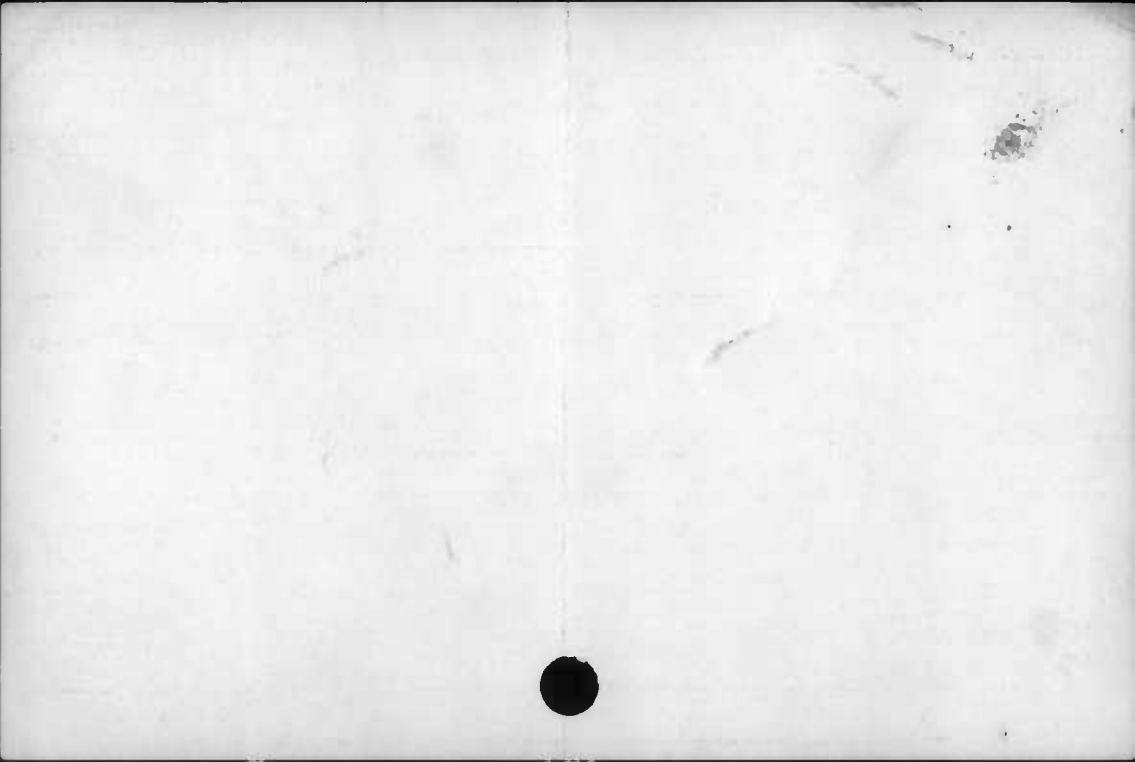
64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Immediate</i>
Immediate <i>Hemiplegia</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Stack M.D.</i>
	Address <i>Wye Mills Md</i>
Accident or Suicide?	



Name in Full		Francis James Barton				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lummas	County Salhat	MARYLAND			
		Date of death		1908	Month 11	Day 18	Age 63	Months 11	Days 29
		Sex		Male		Color or Race	White		
		Occupation		Former (retired)		Birth-place	Caroline Co.		
				Where Residing if not at place of death		—			
		Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Josephine Barton	
		Father's Name		Wm Edward Barton		Father's Birthplace		Md.	
Mother's Maiden Name		Elizabeth L. Bomick		Mother's Birthplace		Md.			
Name of person giving information		G. L. Jump		How related to deceased		Son-in-law			
		CAUSES OF DEATH				(95)			
PHYSICIAN OR CORONER		Primary		Cerebral complications (?)		How long 2 years.			
		Immediate		Pulmonary Congestion		How long 16 hours.			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. T. O. Brown, M.D.			
				Address Hillsboro, Md.					
Accident or Suicide?		No.							



Name
in
Full

Morquand Francis Bensone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Oxford* Town

Talbot County

Date of death *1908* Month *11*

Day *11*

Age *73* Years

Months *11*

Days *11*

Sex *Female*

Color or Race *white*

Birth-place *Oxford Md*

Occupation *housewife*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Edward Bensone*

Father's Birthplace *Oxford*

Mother's Maiden Name *Nancy Bensone*

Mother's Birthplace *Oxford*

Name of person giving information *Miss Hov Steven*

How related to deceased *Wife*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Paralytic*
Immediate *Paralytic*

How long *six days*
How long

Are the name, age, sex, color, date and place correctly given above?

yes

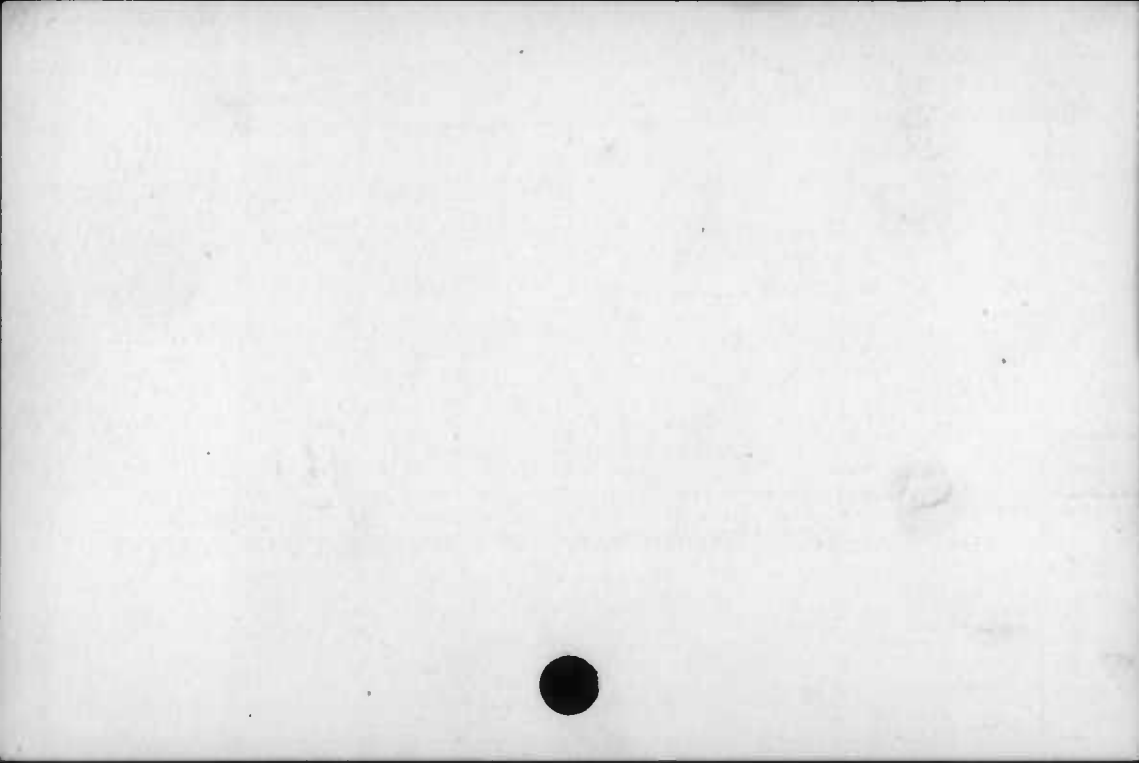
Signature of Physician

S. P. Roberts

Address

Oxford Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Blackwell Died at near Easton Talbot County
Date of death 1908 Nov 27 Age 62 Months — Days —
Sex Male Color or Race Black Birth-place Don't know
Occupation Laborer Where Residing if not at place of death —
Married, Single or Widowed Married Name of Wife or Husband Anna Blackwell
Father's Name Peter Blackwell Father's Birthplace Don't know
Mother's Maiden Name Don't know Mother's Birthplace "
Name of person giving information James Gibson How related to deceased None

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary Cirrhosis of Liver How long 1 year
Immediate Exhaustion How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S. S. Bellison
Address Easton Md.
Accident or Suicide? —

Bury - 10.30 - Sunday +
Coffee -

Bury Mainville 2 p.m.

10 - 11 4.30

Name
in
Full

Mary Elizabeth Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

St Michaels

Town

County

Talbot

MARYLAND

Date

of death

190

8

Month

Nov

Day

20

Age

Years

57

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Queen Anne's Co.

Occupation

Laundress

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm A Burke

Father's
Birthplace

Queen Anne's Co.

Mother's
Maiden Name

Mary E Mitchell

Mother's
Birthplace

Queen Anne's Co.

Name of person giving
Information

Daniel Burke

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

20 or 3 years

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

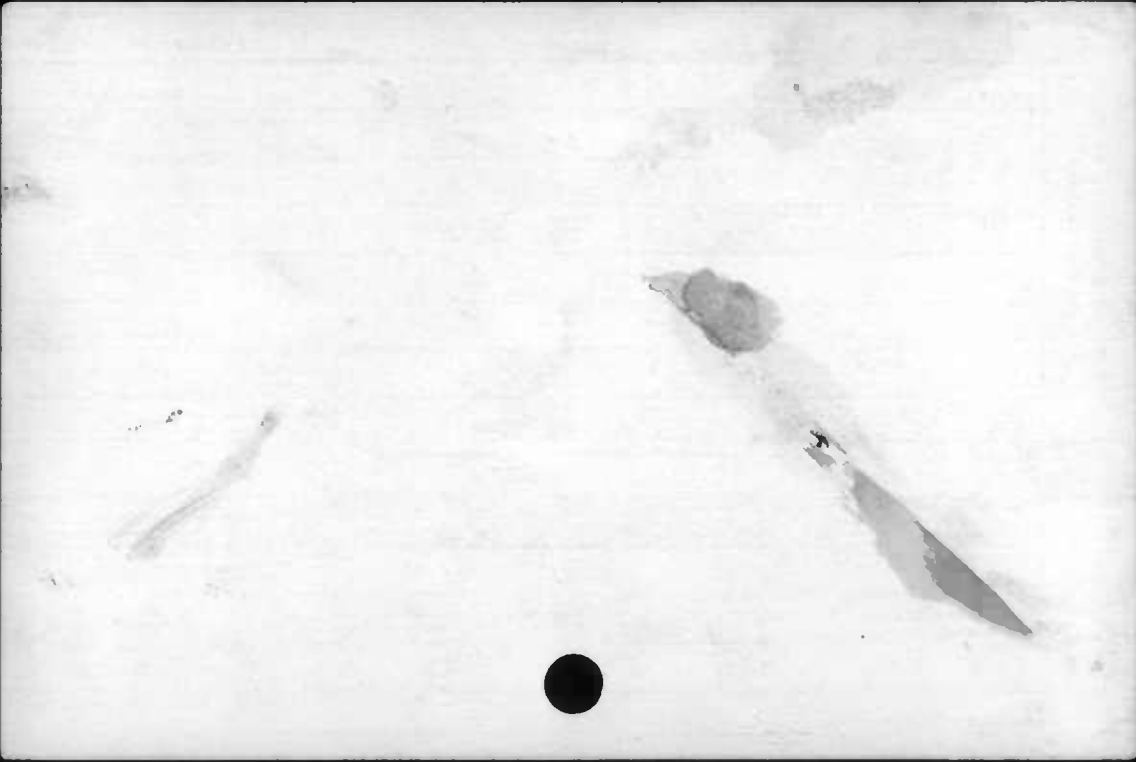
Address

J. H. Stope, M.D.
St Michaels
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

George H. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

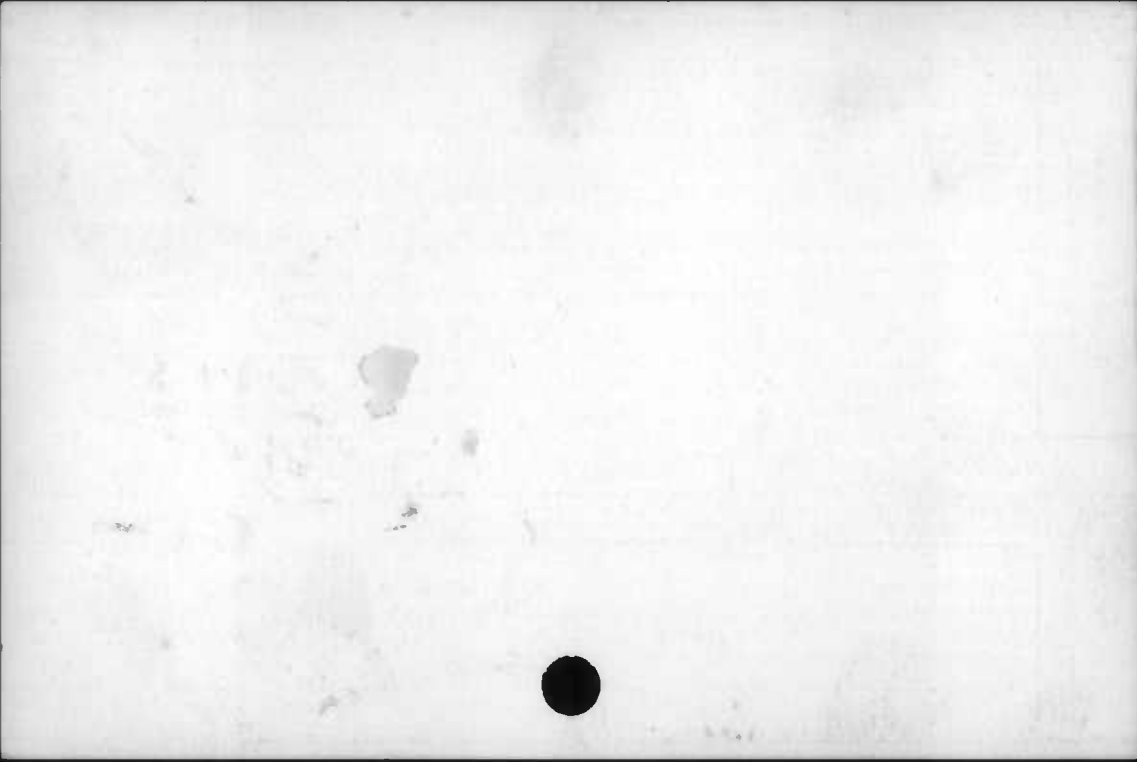
Died at		Town Oxford.		County Tallot.		MARYLAND	
Date of death	1908	Month Mar.	Day 13	Age 67.1	Years	Months 0	Days 0
Sex	Male -		Color or Race	Colored.		Birth- place	Kent co Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Rosa Butler			
Father's Name	George H. Butler				Father's Birthplace	Chestertown Md	
Mother's Maiden Name	Eliza Collins				Mother's Birthplace	Kent co Md.	
Name of person giving In formation	John H. Butler				How related to deceased	Son.	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	24 hours
Immediate	Physical Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Wm. Eccles M. 10
		Address	Oxford Md.
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John P Carpenter

Town

County

Died at Near Easton

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1906

Nov

23

39

Sex

Male

Color or
Race

White

Birth-
place

Snowhill

Occupation

Labor

Where Residing if not
at place of death

Near Easton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Heather Carpenter

Father's
Name

William E Carpenter

Father's
Birthplace

Milford

Mother's
Maiden Name

don't know

Mother's
Birthplace

don't know

Name of person giving
In formation

Heather Carpenter

How related
to deceased

Wife

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Accident by tree falling on
him

How long

few minutes

Immediate

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

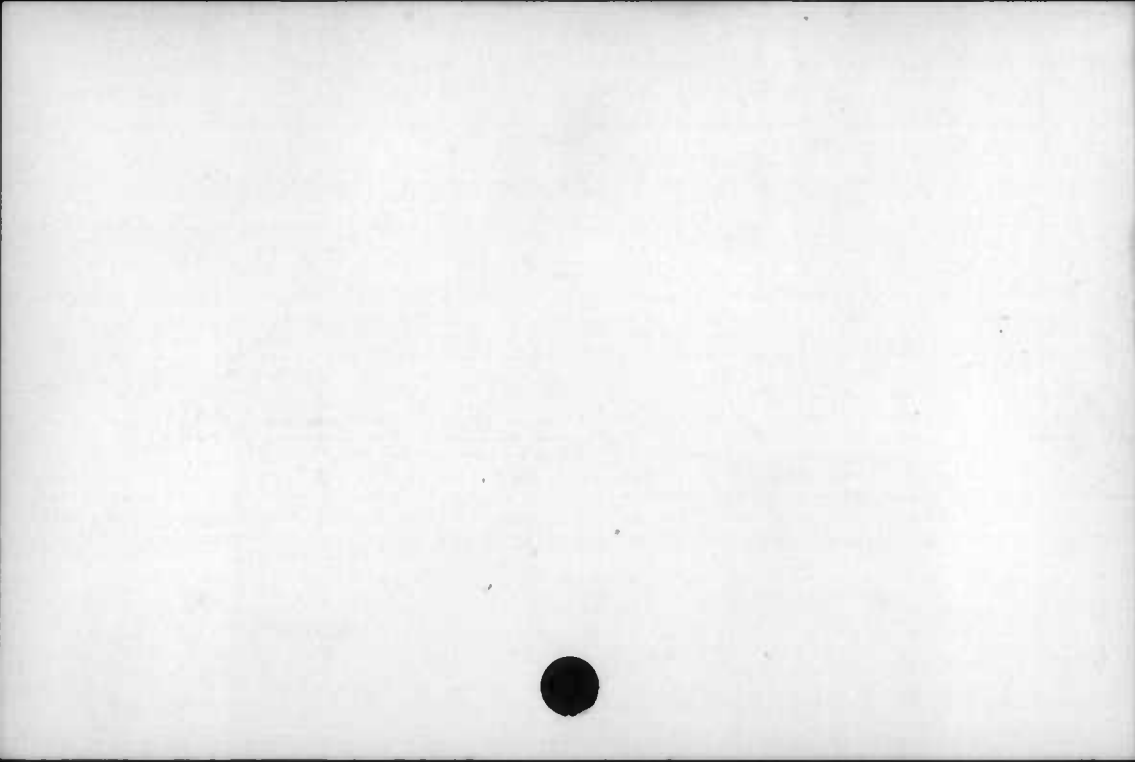
Address

John B Fairbank
Coroner

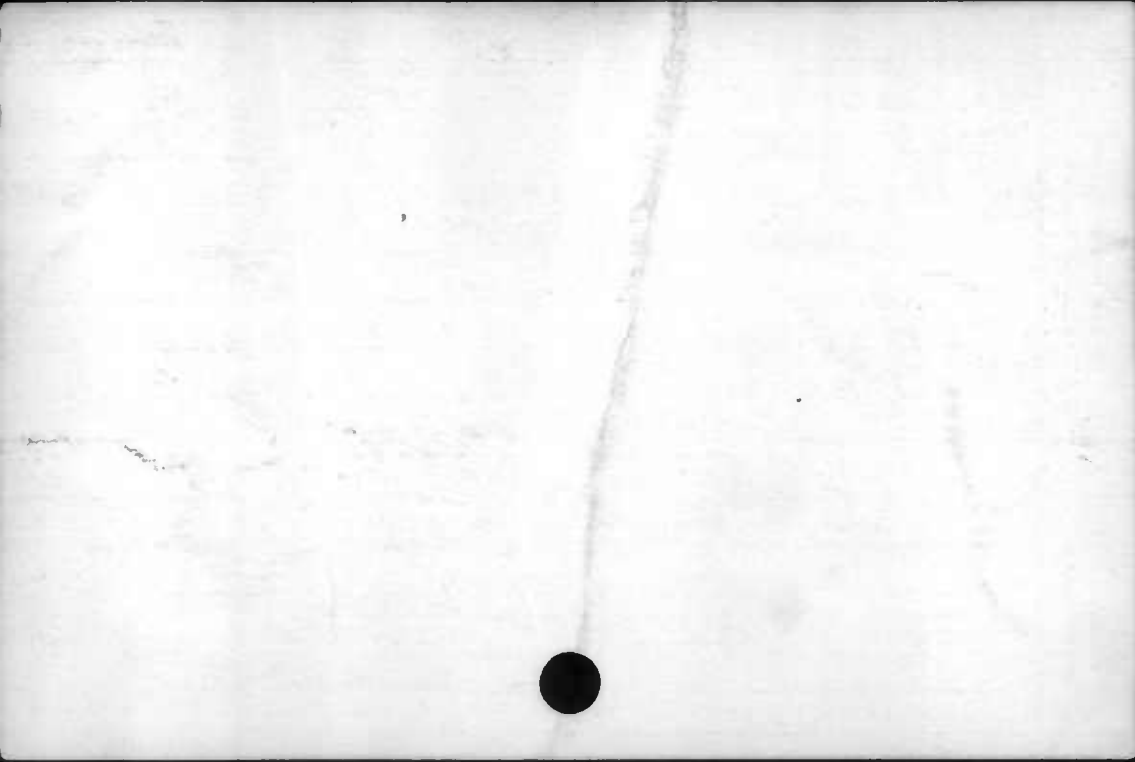
Accident or Suicide?

Accident

Easton Md



CERTIFICATE OF DEATH



Name
in
Full

James Loblack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Easton ^{County} Talbot MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} 2 Age ^{Years} 82 ^{Months} ^{Days} 1

Sex Male Color or Race Black Birth-place Easton

Occupation Labor Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Bernhard Loeff Father's Birthplace Talbot Co

Mother's Maiden Name Mahalee Loblack Mother's Birthplace Talbot Co

Name of person giving Information Dioper Gibson How related to deceased

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Nephritis How long 3 months

Immediate Cardiac anasthenia How long one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician P. L. [Signature] Address Easton, Md.

Accident or Suicide

Single
Mahalia Clark
Bernard Cuff
age 32
Draped
Baleynick

Name
in
Full

William H. Gannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Salisbury</i> County		MARYLAND	
Date of death	1902	Month	<i>Nov</i>	Day	<i>15</i>
Age		<i>13</i>		Years	<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Md.</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>William T. Gannon</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Nora Lynch</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>William T. Gannon</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>Three weeks</i>
Immediate	<i>Spasm</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. A. Stevens</i>	
Address		<i>Easton</i>	
Accident or Suicide?		<i>Md.</i>	
<i>no</i>			



Name
in
Full


CERTIFICATE OF DEATH

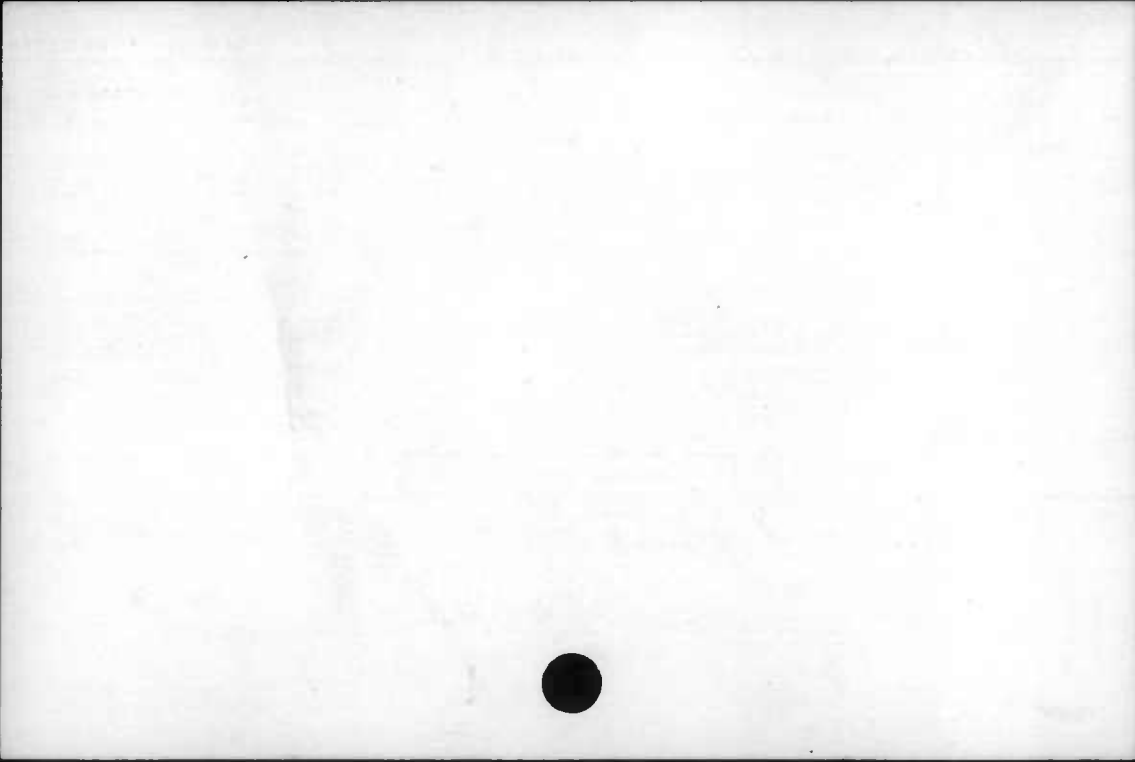
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

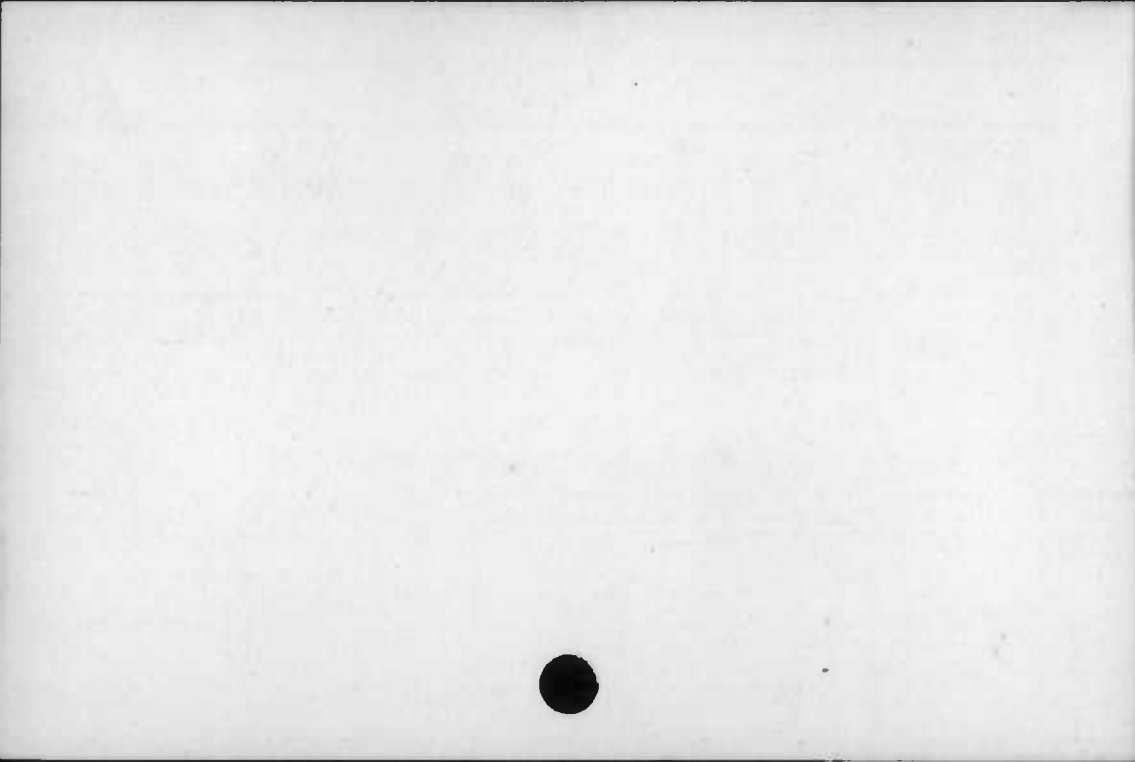
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy Paralysis		How long	6 mos
Immediate	Apoplexy		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		 Samuel C. Triple Royal Oak Md		
Accident or Suicide				



Name in Full		Frederick Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chapel ^{Town}		Talbot ^{County}		MARYLAND	
	Date of death	1908	Month 11	Day 5	Age 1	Months	Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death		Chapel. Md.	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Frederick Chase Gibson				Father's Birthplace	Talbot Co. Md.
PHYSICIAN OR CORONER	Mother's Maiden Name	Lottie Gibson				Mother's Birthplace	Talbot Co. Md.
	Name of person giving information	Grandfather Thomas Gibson				How related to deceased	Grandfather
	CAUSES OF DEATH						104
	Primary	Infantile malnutrition					How long
Immediate	Acute Gastritis					How long	1 day
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Robt H. Ray
					Address		Easton Md.
	Accident or Suicide?		no				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

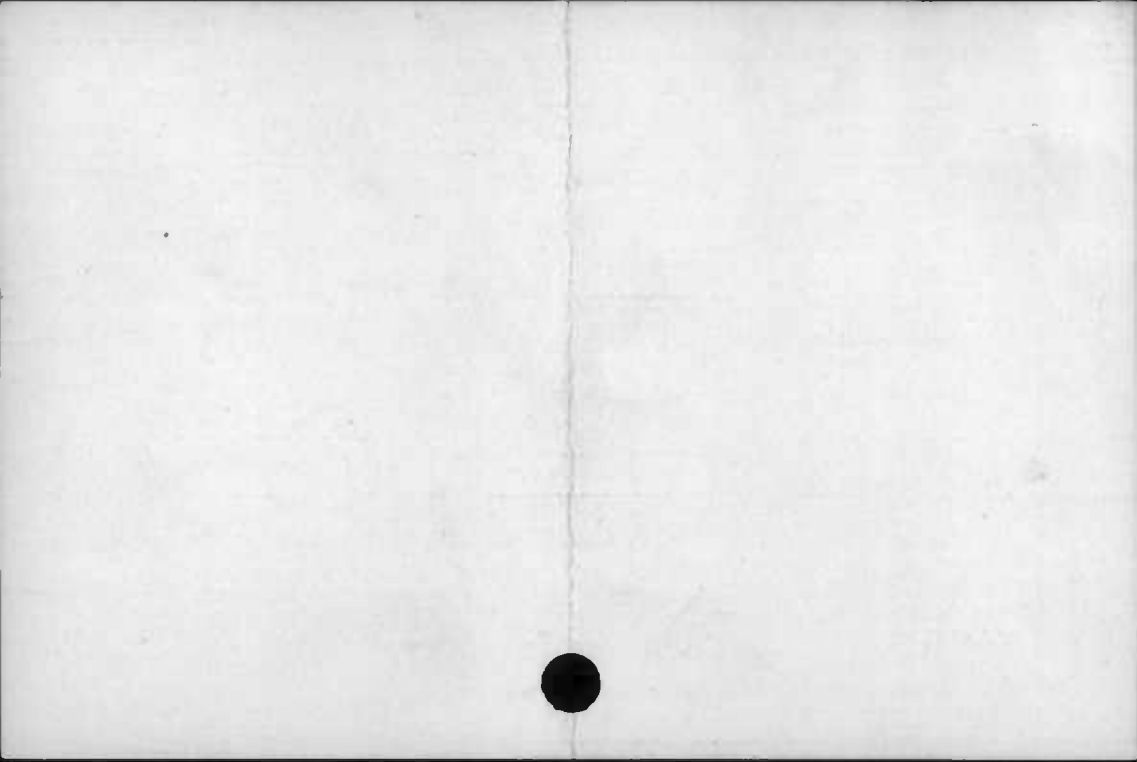
Died at <i>Wye Mills</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>5-</i>	Age	Months <i>6</i>	Days <i>5-</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Wye Mills</i>			
Occupation <i>child</i>		Where Residing if not at place of death <i>Wye Mills</i>			
Married, Single or Widowed		Name of Wife or Husband <i>child</i>			
Father's Name <i>Urban Golt</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Haringer</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Dos. Golt</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>one week</i>
Immediate <i>Heart Failure due to Fever</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Stoltz</i>
	Address <i>Wye Mills Md</i>
Accident or Suicide?	



Name
in
Full

Daniel Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

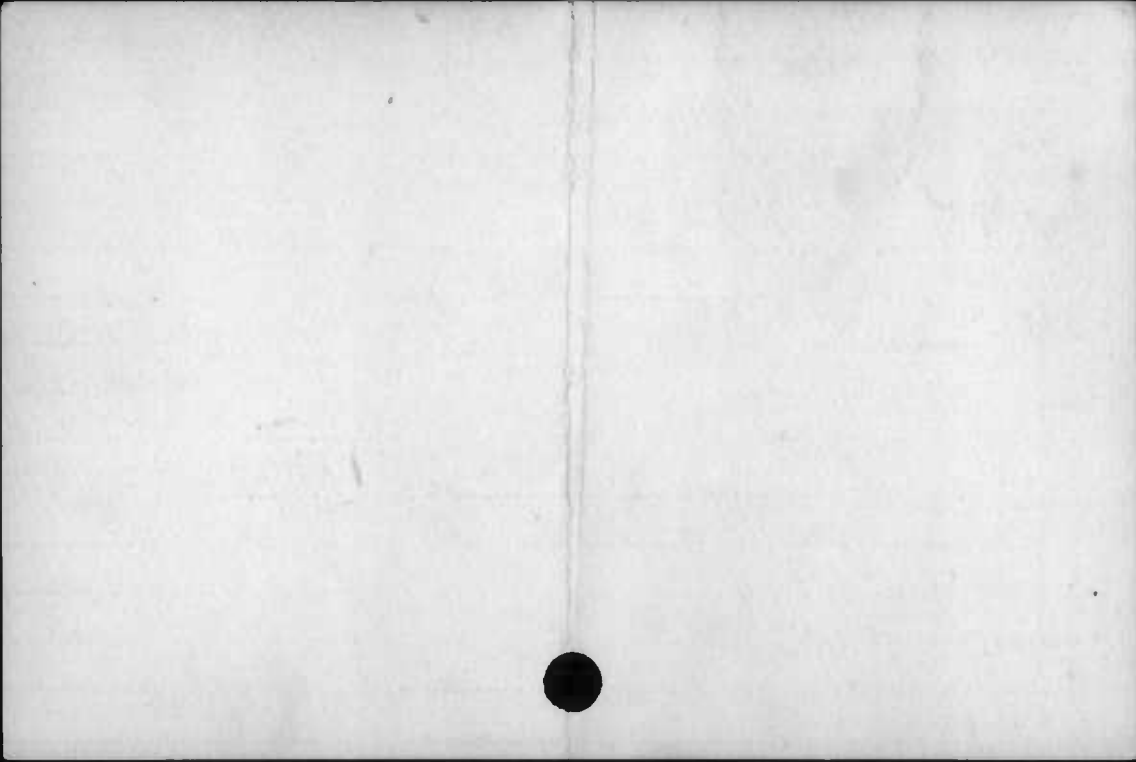
Died at <u>Newtown</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>12</u>	Years <u>45</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Newtown</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ruthie Ann Griffin</u>				
Father's Name <u>Bazzel Griffin</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Hennie McQuay</u>	Name of person giving information <u>Mother A. Griffin</u>		How related to deceased <u>wife</u>		

CAUSES OF DEATH

124

PHYSICIAN
OR CORONER

Primary <u>metrual Stricken & Renal Calculi</u>	How long <u>several years</u>
Immediate <u>Peri-metrual abscess, & Blood Poison</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Stoddard M.D.</u>
	Address <u>Wye Mills Ind.</u>
Accident or Suicide? <input type="checkbox"/>	



Name
in
FullMrs. Delia Handy
Tilghman Town Talbot County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1908 Nov 14 Age 20 Months 10 Days 12

Sex Female Color or Race Black Birth-place Somerset Co.

Occupation Oyster Shucker Where Residing if not at place of death Marion Station

Married, Single or Widowed Married Name of Wife or Husband John Handy

Father's Name Wrotley Miles Father's Birthplace Marion Station

Mother's Maiden Name Martha Cotman Mother's Birthplace Marion Station

Name of person giving information Edward Miles How related to deceased Brother

CAUSES OF DEATH

138

Primary Pregnancy (7 mos) How long —
Immediate Haemilia How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

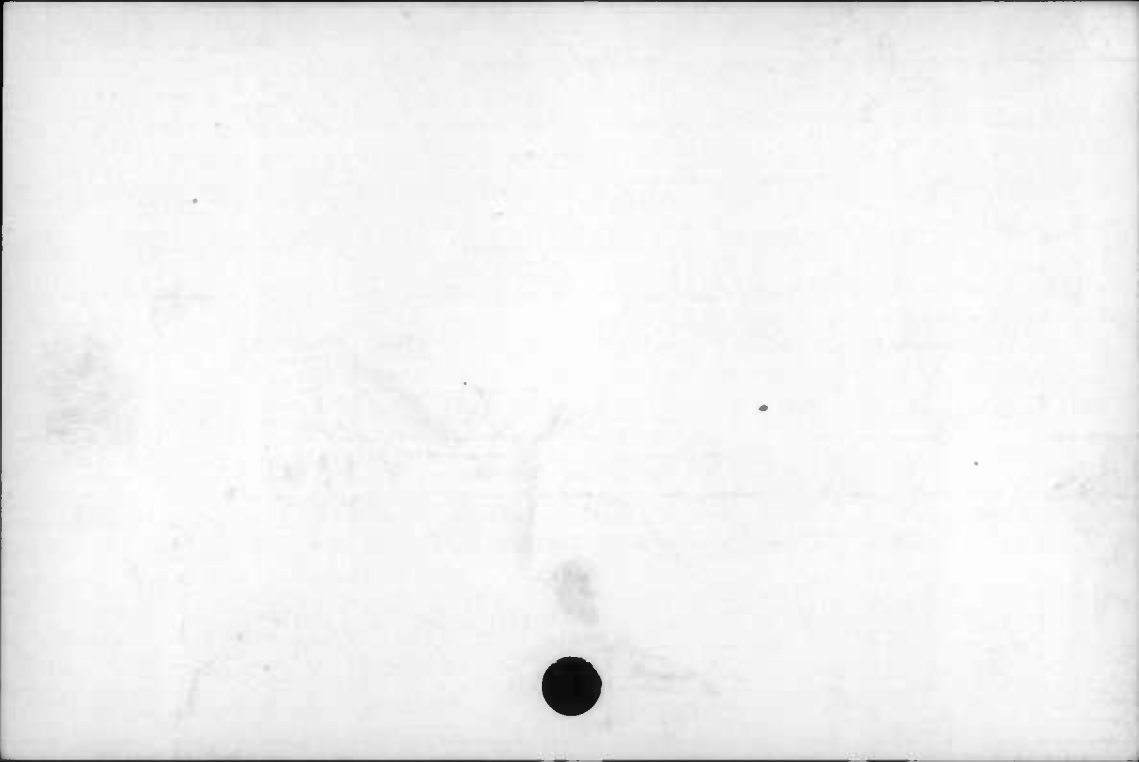
Signature of Physician S. K. Nelson

Address Tilghman

Md

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Aunt E Hardcastle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Easton		Talbot		MARYLAND	
	Date of death	1908	Nov	22	Age	86	Months — Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Philadelphia	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Dr E M Hardcastle	
	Father's Name	Wm Young		Father's Birthplace		Phila	
	Mother's Maiden Name	Susan Crawford		Mother's Birthplace		"	
PHYSICIAN OR CORONER	Name of person giving information	Alice Hardcastle		How related to deceased		Daughter	
	CAUSES OF DEATH						154
PHYSICIAN OR CORONER	Primary	Infirmities of Years				How long	5 yrs
	Immediate	4th Pulmonary Hemorrhage				How long	2 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. J. Davidson
					Address		Easton Md
	Accident or Suicide?						

E. B. H. V.
 L. B. J. V.
 J. S. Wright V.
 Mr. Harwood V.
 Dr. H. S. Smith V.
 Dr. Davidson

Coach - 4
 E. B. H. - 3
 R. B. J. - 2
 L. B. J. - 2
 Mrs. Harwood
 Mrs. Robinson
 Judge Adams

Dr. Davis x
 Mr. Rich
 Mr. Mitchell
 Phipps - } 2 Hyman

Name in Full <i>Anna Harfee</i>		CERTIFICATE OF DEATH	
Died at <i>St Michael's</i> <small>Town</small>		<i>Salbot</i> <small>County</small>	
Date of death <i>1908</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>20</i>		<i>3</i> <small>Months</small> <i>9</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>white</i>	
Occupation <i>none</i>		Birth-place <i>St. Michael's Md</i>	
Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Crittenden Harfee</i>		Father's Birthplace <i>St. Michael's Md</i>	
Mother's Maiden Name <i>Ellis Crouse</i>		Mother's Birthplace <i>St. Michael's Md</i>	
Name of person giving information <i>Crittenden Harfee</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Mal-nutrition</i>		<i>179</i> <small>How long</small> <i>2 mo.</i>	
Immediate <i>Heart atherosclerosis</i>		<i>2 weeks</i> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. H. Lasecock</i>	
		Address <i>St. Michael's Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

May 2 Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	26	41	2	X	1
Sex	Color or Race		Birth-place				
Female	Black		T. A. M. Co.				
Occupation	Where Residing if not at place of death						
Cook							
Married, Single or Widowed	Name of Wife or Husband						
Married	James H. Hines						
Father's Name	Father's Birthplace						
Robt. G. G. G. G.	Georgia						
Mother's Maiden Name	Mother's Birthplace						
Jessie L. G. G. G.	T. A. M. Co.						
Name of person giving Information	How related to deceased						
John G. G. G.	Brother						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Heart by constriction	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Robt. H. Ray, M.D.	
		Address	
		Easton, Md.	
Accident or Suicide			
No			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

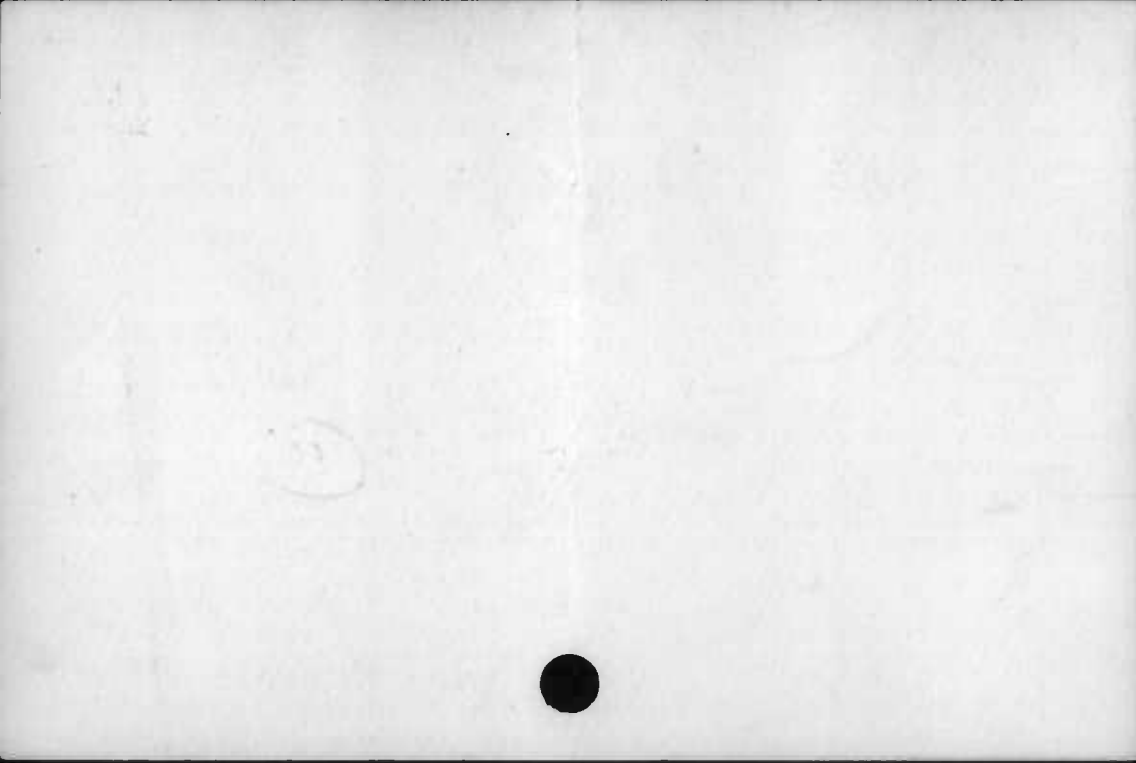
MARYLAND

Died at *Curran Anne* ^{Town} *Saltat* ^{County}Date of death *1908* ^{Month} *Nov* ^{Day} *11* ^{Years} *79* ^{Months} *10* ^{Days} *8*Sex *Male* Color or Race *White* Birth-place *Saltat Co.*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Mary H. Jnump*Father's Name *Charles Jnump* Father's Birthplace *Caroline Co.*Mother's Maiden Name *Margrett Pratt* Mother's Birthplace *Queen Anne Co.*Name of person giving information *B. C. Barton* How related to deceased *Son-in-law*

CAUSES OF DEATH

79

Primary *Chronic Endocarditis* How long *unknown*Immediate *Heart Failure* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm B Rows M.D.*Address *Wellsburg W. Va.*Accident or Suicide? *No.*



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

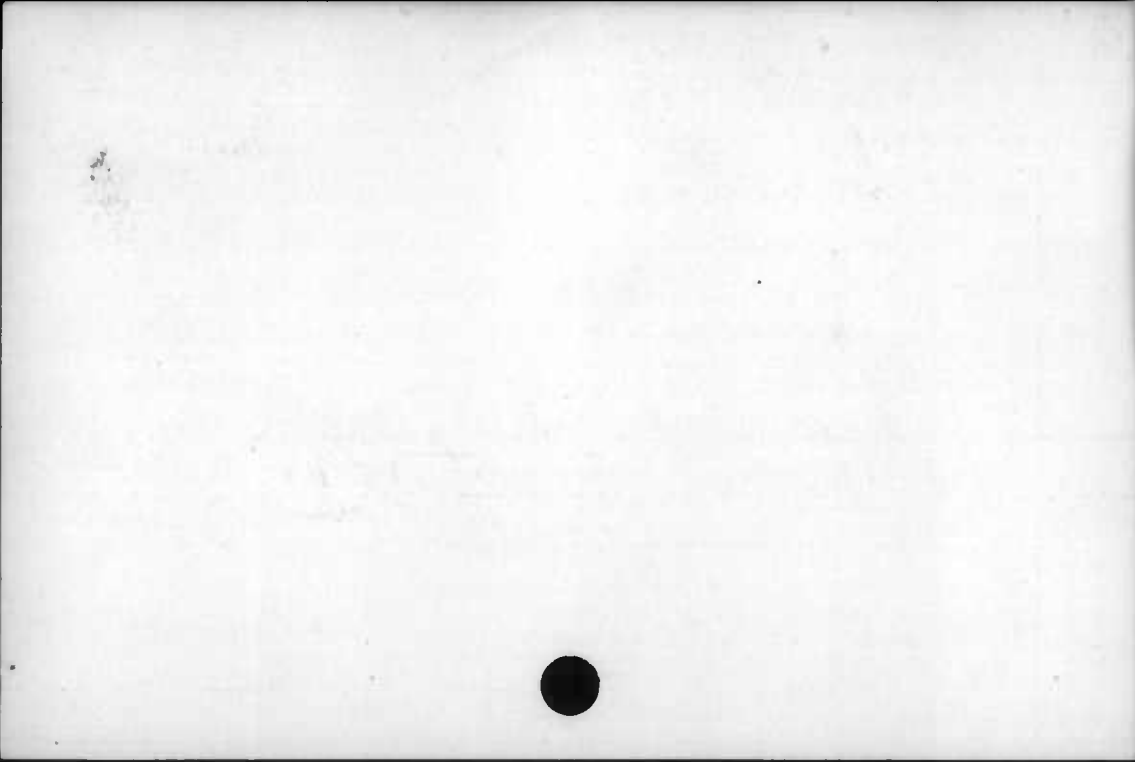
Died at		Town <i>Sherwood</i>		County <i>Talbot</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		<i>Nov</i>	<i>25</i>	<i>42</i>	<i>1</i>	<i>—</i>	<i>—</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>Black</i>		<i>Talbot Co</i>			
Occupation		Where Residing if not at place of death					
<i>Farm hand</i>		<i>Sherwood Ind</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>married</i>		<i>Lulu Keaser</i>					
Father's Name		Father's Birthplace					
<i>Isaac Keaser</i>		<i>Not Known</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Mariah Murry</i>		<i>Bayside</i>					
Name of person giving information		How related to deceased					
<i>Lulu Keaser</i>		<i>Wife</i>					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>Several yrs</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. K. Wilson</i>	
		Address	
		<i>Filghman</i>	
Accident or Suicide?			
<i>No</i>		<i>Ind</i>	



Name
in
Full

Daniel H. McNeal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

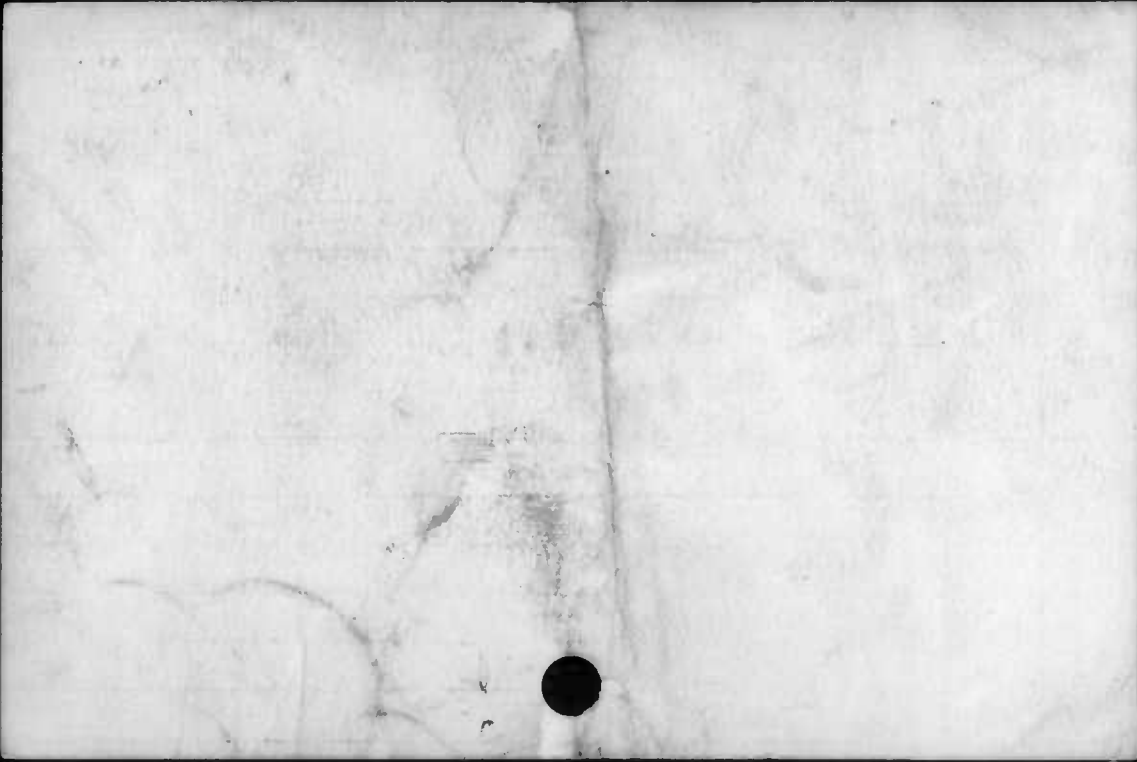
Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Nov</u>	Day	<u>29</u>
Age		<u>77</u>	Years	Months	<u>Unknown</u>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Talbot Co.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>Talbot Co.</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	<u>Mary Elizabeth McNeal.</u>		
Father's Name	<u>Jr. McNeal</u>		Father's Birthplace	<u>Talbot Co.</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Charles H. McNeal</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>8 days.</u>
Immediate	<u>Hypertensive pneumonia</u>	How long	<u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>P. L. Trovers</u>	
Address		<u>Easton, Md</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

Benjamin Mc Suay

Town

Bozmare

County

Tallot

MARYLAND

Died at

Date

of death 1908

Month

Nov

Day

3

Age

Years

81

Months

1

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Tallot Co

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah L. Mc Suay

Father's
Name

John Mc Suay

Father's
Birthplace

Tallot Co

Mother's
Maiden Name

Aminie Harrison

Mother's
Birthplace

Tallot Co

Name of person giving
Information

Samuel Mc Suay

How related
to deceased

Son

CAUSES OF DEATH

20

Primary

General Infection from Arterio-
sclerosis of heart

How long

1 week

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

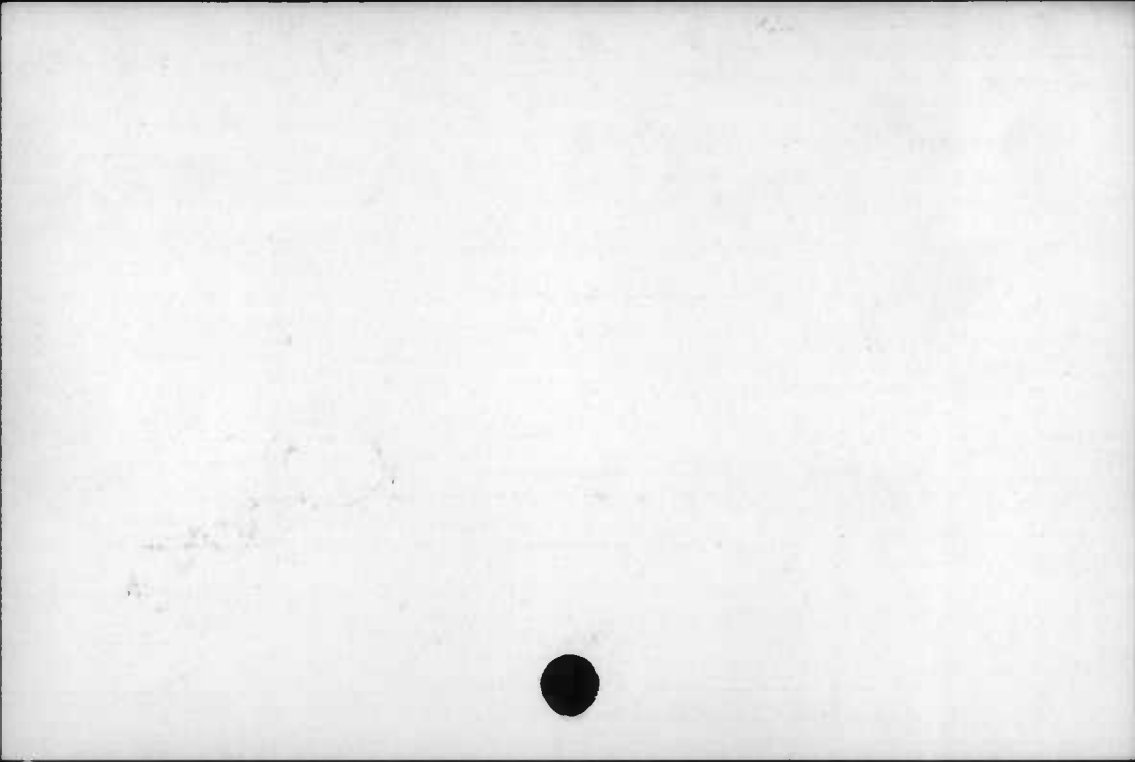
Address

Chas. B. Seab
28 Michael

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca Poney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>Nov</u>	Day <u>27</u>	Age <u>63</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Talbot</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John Poney</u>			
Father's Name <u>Geo Richardson</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving In formation <u>Theodore Poney</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <u>Melano Sarcoma</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt Kay Pool</u>
	Address <u>Boston Ind.</u>
Accident or Suicide? <u>no</u>	

330 Ashbury -

Hammond Town

Dr. Roth

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

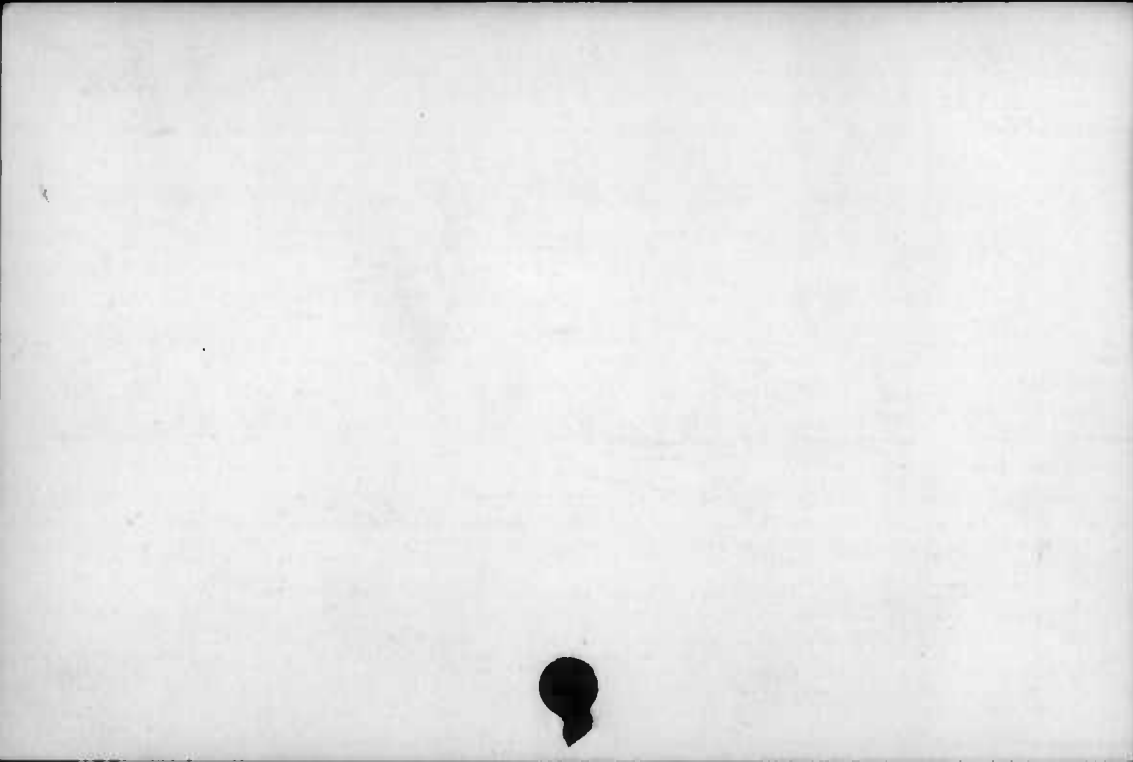
Name in Full <i>Anna Ross</i>		Town <i>Mathews</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Mathews</i>		Month <i>Nov.</i>		Day <i>13</i>		Years <i>78</i>	
Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>13</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>House. Keeper</i>				Where Residing if not at place of death <i>Mathews</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Ross</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Sarah Smith</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>J. E. Williams</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

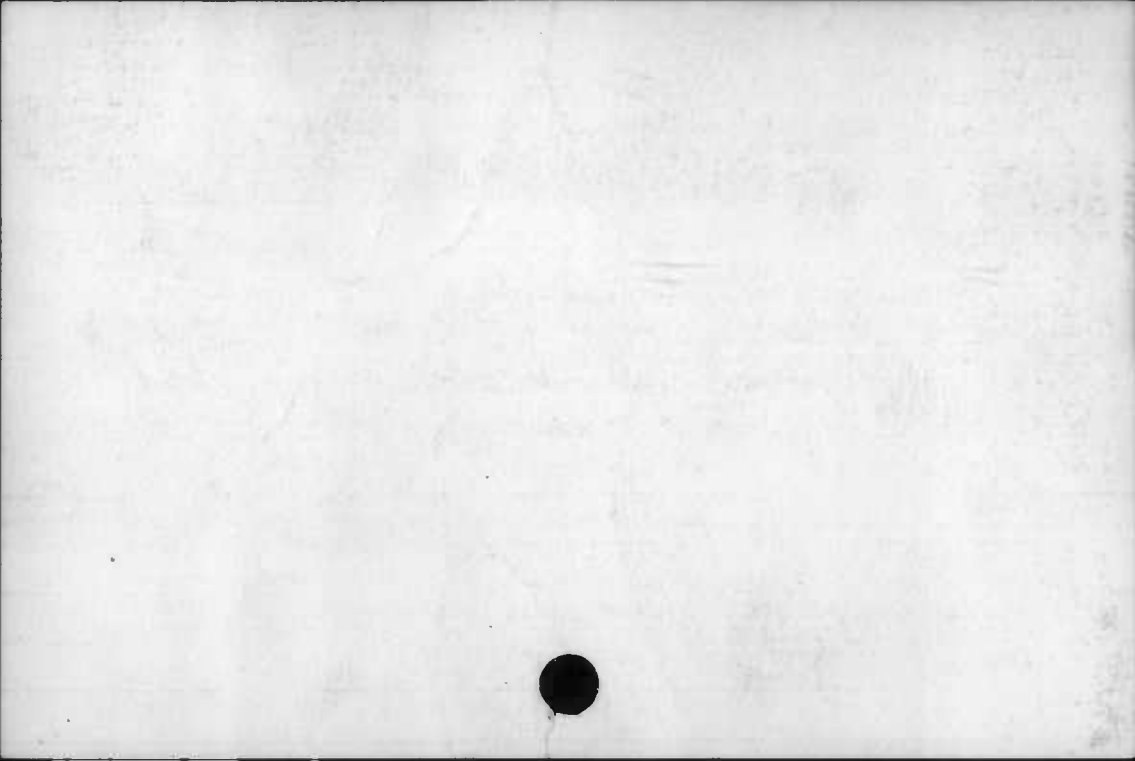
64

PHYSICIAN
OR CORONER

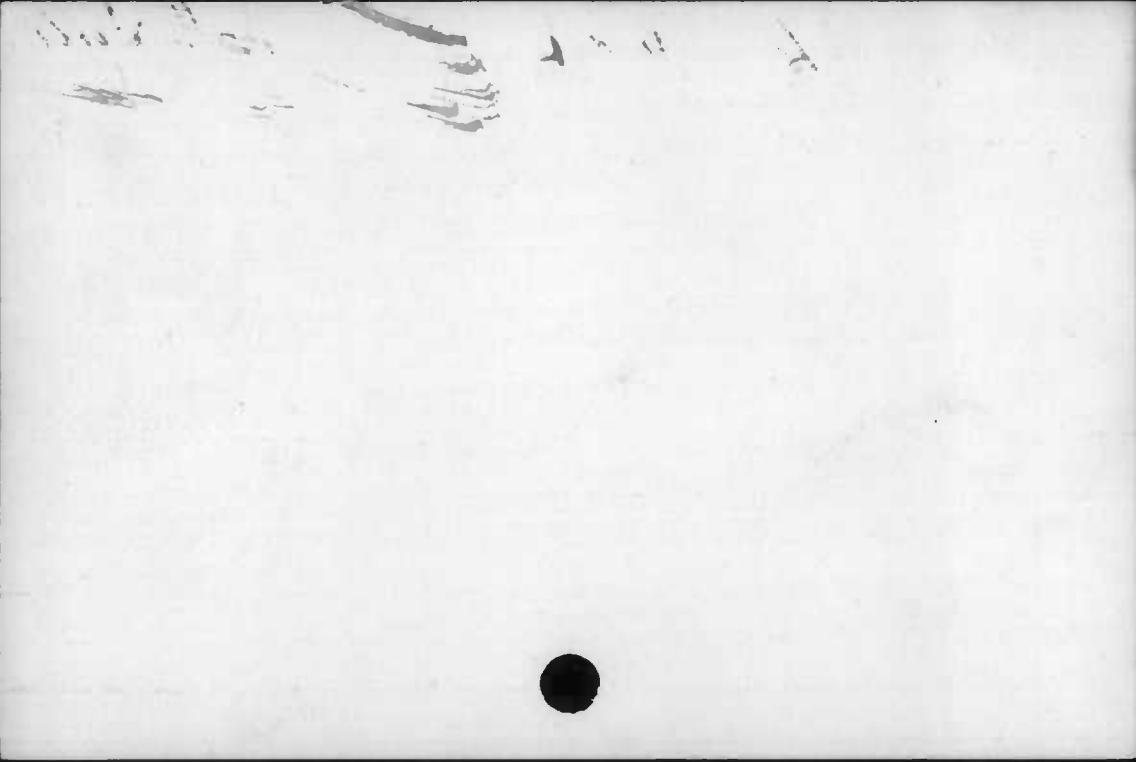
Primary	<i>Apoplexy (Cerebral)</i>	How long	<i>18 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. M. Stille M.D.</i>	
		Address <i>Cordova Md.</i>	
Accident or Suicide?			



Name in Full		MARGAL SKINNER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Red long road</u>		Town <u>Tadm</u>		County		MARYLAND
	Date of death <u>1908 Nov</u>		Day <u>2</u>		Age <u>40</u>		
	Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Tadm Co</u>		
	Occupation <u>book</u>		Where Residing if not at place of death <u>X</u>				
	Married Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Samuel Skinner</u>				
	Father's Name <u>William Benson</u>		Father's Birthplace <u>Tadm.</u>				
	Mother's Maiden Name <u>Margal Benson</u>		Mother's Birthplace <u>Tadm</u>				
Name of person giving information <u>Ella Skinner</u>		How related to deceased <u>daughter</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; margin: 0 auto;">137</div>							
PHYSICIAN OR CORONER	Primary		<u>Septicemia (belic)</u>		How long <u>One week</u>		
	Immediate		<u>Exhaustion</u>		How long <u>one day</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. D. Willson</u>				
	<u>Probably due to a mis-carriage.</u>		Address <u>Easton, Md.</u>				
	Accident or Suicide?						



Name in Full		Claude Edgar Slaughter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Twp		County		MARYLAND	
	Date of death	1908	Month	Nov.	Day	28	Age
	Sex	male		Color or Race	white		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Harvey L. Slaughter		Father's Birthplace		Twp Co.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Ellen S. Warner		Mother's Birthplace		Twp Co	
	Name of person giving information	Harvey L. Slaughter		How related to deceased		Father	
	CAUSES OF DEATH						92
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia				How long	
	Immediate	Asphyxia				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		—		Twp Md		



Name
in
Full

Lucy M. Sommer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>over d. nichols</i> Town <i>Zaltab</i> County		MARYLAND					
Date of death	190 <i>8</i>	Month <i>11</i>	Day <i>18</i>	Age <i>70</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Somerset Co.</i>
Occupation	<i>Midwife</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Levi Sommer</i>			
Father's Name	<i>Thomas Russell</i>				Father's Birthplace	<i>Somerset Co.</i>	
Mother's Maiden Name	<i>Easter Russell</i>				Mother's Birthplace	<i>Somerset Co.</i>	
Name of person giving information	<i>Levi Sommer</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

27

How long

Primary

Immediate

Consumption

How long

3 years

Are the name, age, sex, color, date and place correctly given above?

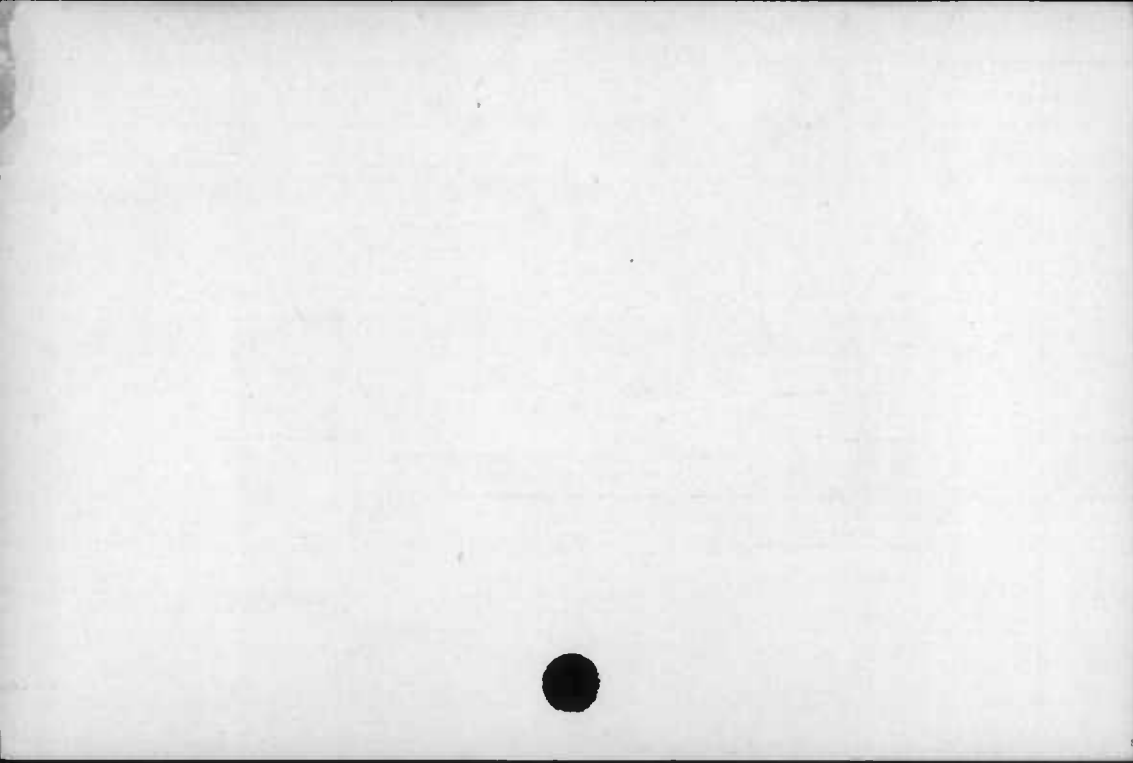
Signature of Physician

Address

*E. P. Sparks**Coroner*

Accident or Suicide?

*No attending Physician*PHYSICIAN
OR CORONER



Name
in
Full

Robert M. Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Tallbot</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>11</u> ^{Month}	<u>14</u> ^{Day}	<u>7</u> ^{Age}	<u>14</u> ^{Years}	<u>3</u> ^{Months}
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Oxford Neck</u>	
Occupation <u>Schoolboy</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>H. W. Stevenson</u>		Father's Birthplace <u>Oxford Neck</u>			
Mother's Maiden Name <u>Nellie R. Dymon</u>		Mother's Birthplace <u>Cambridge</u>			
Name of person giving information <u>H. W. Stevenson</u>		How related to deceased <u>Tallbot</u>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>accidently shot</u>	How long	<u>about three</u>
Immediate		How long	<u>three</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John B. Fairbank</u>	
		Address <u>acting coroner</u>	
Accident or Suicide? <u>Accident</u>			



Name
in
Full

Hester C Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deep Creek</i>			County <i>Talbot</i>			MARYLAND		
Date of death 190 <i>8</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>12</i>	Months <i>4</i>	Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Deep Creek</i>				
Occupation <i>School</i>		Where Residing if not at place of death			<i>Talbot Co Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>+</i>						
Father's Name <i>Rob A Thomas</i>		Father's Birthplace <i>Talbot Co</i>						
Mother's Maiden Name <i>Amie A Fields</i>		Mother's Birthplace <i>Talbot Co</i>						
Name of person giving Information <i>Rob A Thomas</i>		How related to deceased <i>Father</i>						

Insulated sores on legs
by scratching.

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Blood poison (from sores on legs.)</i>	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel C. Trappe</i>	
<i>Deceased was a crab-</i>		Address <i>Royal Oak Md</i>	
Accident or Suicide <i>—</i>		<i>picker.</i>	



Name
in
Full

Thomas Zucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McDaniel* ^{Town}*Salbot* ^{County}Date
of death *1908*Month
*11*Day
*12*Age
*10*Months
*—*Days
*—*Sex
*male*Color or
Race*Black*Birth-
place *Salbot County Md*

Occupation

*none*Where Residing if not
at place of death
*—*Married, Single
or Widowed *Single*Name of Wife or
Husband
*—*Father's
Name *Illegitimate*Father's
Birthplace *I do not know*Mother's
Maiden Name *Lucretia Zucker*Mother's
Birthplace *Salbot Co Md*Name of person giving
information *Jno. Wright*How related
to deceased *Step-Father*

CAUSES OF DEATH

⑨

Primary

Probably Diphtheria

How long

18 days

Immediate

Passive Hemorrhage and Heart Failure

How long

*One week*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*A. B. H. Lasecock*

Address

St. Michael Md

Accident or Suicide?

—

E. R. Tripple
Easton Md

Name
in
Full

Allie Thittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sherwood		County Talbot		MARYLAND	
Date of death		1908	Month Nov	Day 22	Age 12	Years 8	Months 3
Sex		Female		Color or Race Black		Birth-place Somerset Co	
Occupation None				Where Residing if not at place of death " "			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name A. H. Thittington				Father's Birthplace Somerset Co			
Mother's Maiden Name Mary Forman				Mother's Birthplace Somerset Co			
Name of person giving information "				"		How related to deceased Mother	

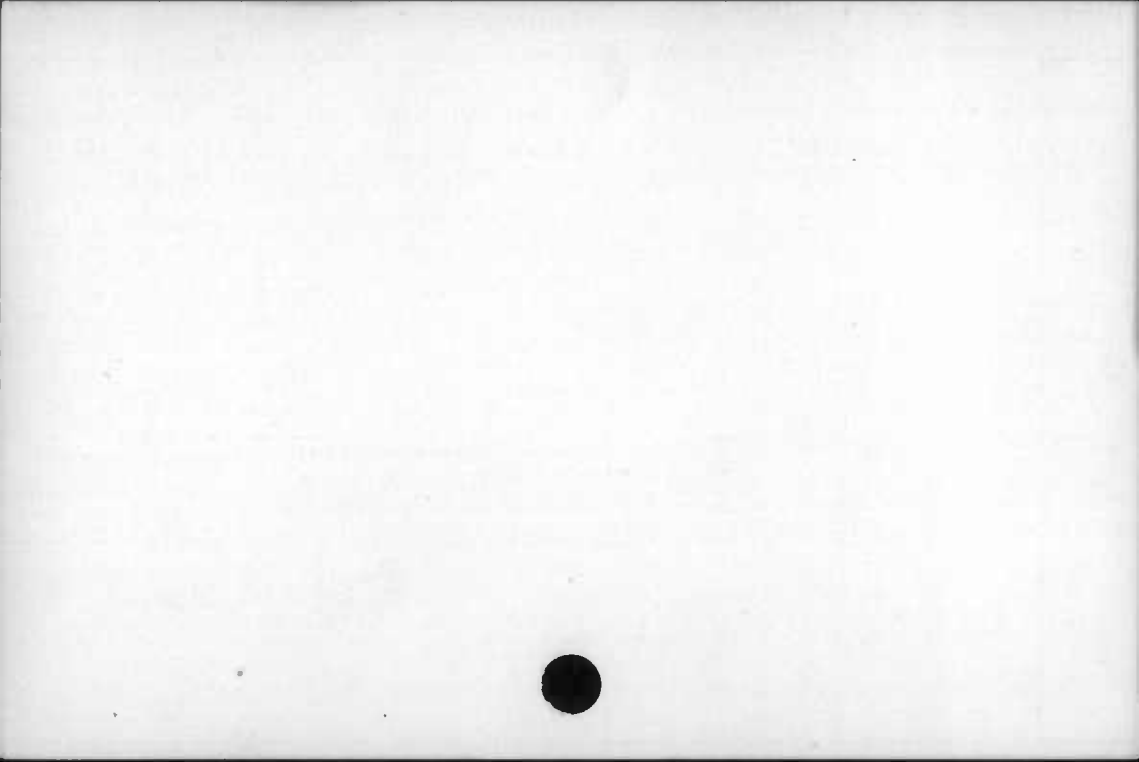
CAUSES OF DEATH

How long 3 weeks

How long about 3 weeks

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	3 weeks
Immediate	Perforation & Peritonitis		How long	about 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. H. Nelson		
Address		Filyman		
Accident or Suicide?		No		



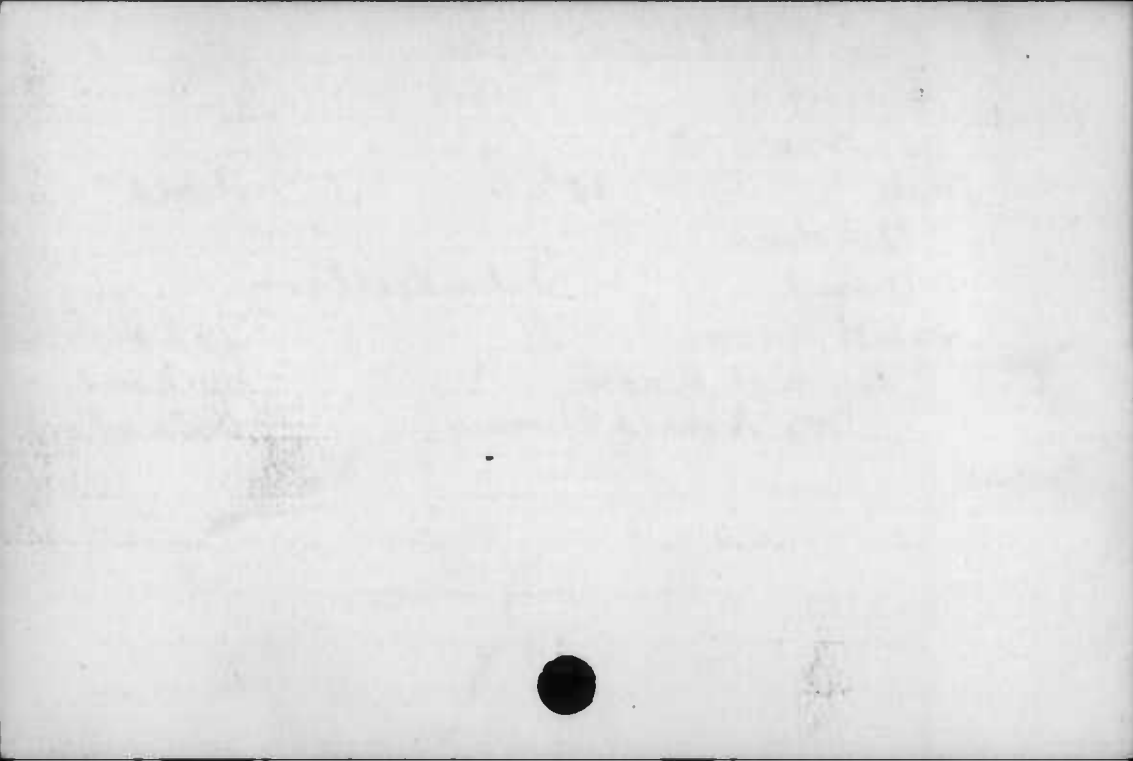
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>John Williams</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Easton</i>		Month <i>11</i>		Day <i>1</i>		Years <i>4</i>	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>1</i>		Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Talbot Co Md</i>		Months <i>11</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Days <i>24</i>			
Married, Single <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Geo Williams</i>		Father's Birthplace <i>Talbot Co Md</i>					
Mother's Maiden Name <i>Deanna Jackson</i>		Mother's Birthplace <i>Talbot Co Md</i>					
Name of person giving information <i>Geo Williams</i>		How related to deceased <i></i>					

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long <i>2 1/2 mos.</i>
Immediate	<i>Brucelitis</i>	How long <i>2 dos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Denny Williams</i>
		Address <i>Easton Md</i>
Accident or Suicide? <i></i>		



Name
in
Full

Andrew F Willson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1908	Month Nov	Day 3	Age 72	Months 4	Days —
Sex Male		Color or Race White		Birth-place Ireland			
Occupation Gardener		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Ida Willson					
Father's Name Do not know		Father's Birthplace Ireland					
Mother's Maiden Name Do not know		Mother's Birthplace Ireland					
Name of person giving Information Mrs Arenca James		How related to deceased Sister-in-law					

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary Abdominal Aortic Aneurysm		How long Known 2 yrs	
Immediate Rupture		How long instant	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. F. Davidson	
		Address Easton, Md	
Accident or Suicide X shown by X rays			



Name
in
Full

Mary Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Adkinsville ^{Town} <i>Irony town</i>		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	1908	Month	<i>Nov.</i>	Day	<i>7</i>
Age	<i>26</i>	Years		Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Blk</i>	Birth-place	<i>Ind</i>
Occupation	<i>Domk.</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Henry F. Young</i>		
Father's Name	<i>Geo. Wilson</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Currie Bannan</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving Information	<i>Henry F. Young</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Can't say</i>
Immediate	<i>Exhaustion</i>	How long	<i>Can't say as I have not seen her for months</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Wolff</i>
		Address	<i>Cambridge, Ind.</i>
Accident or Suicide			

